Teens: Please fill complete the application **Parents**: Please sign

YOUTH CORPS APPLICATION

Name:	Have you volunteered for Youth Corps before:	How will you get to your job assignments:
Birth date: Age:	(circle or underline one) Yes No	(circle one) Car Bus Bicycle
Address:	If yes, what site did you volunteer at:	Other:
City: Zip: Home phone: Name of Parent/Guardian: Work phone: E-mail: School: Grade: Student ID Number:	WednesdaySaturday Sunday	Please list references, they may be a teacher, friend, former employer, neighbor, ect Name: Phone: Phon
Telephone: What kind of volunteering do you prefer?	List interests and hobbies:	orientation, and volunteering. RETURN SIGNED APPLICATION TO Attention: YOUTH CORPS 8625 E MOUNTAIN VIEW RD. SCOTTSDALE, AZ 85258 480-312-8376
Total REC Aquatics Seniors Office Please list your top three job site choices: Call Youth Corps office for more information. 1)	List clubs, special skills, or activities:	FAX# 480-312-8378 E-mail Parks&Rec@ScottsdaleAZ.gov Notice of Parental/Guardian Approval
2) 3) Are there any health problems we need to be aware of? Please specify:——— CHECK HERE if participant may need special	Why do you want to volunteer?	By signing below I acknowledge that I have read the information regarding the City of Scottsdale Youth Corps Volunteer Programs and have had any questions that I may have answered. The applicant on this form has my permission to participate in the application process for this program. (If submitted electronically, parent needs to sign copy to bring to interview)
accommodation:		Signature: Date:

**The Youth Corps program is set up for teen volunteers to volunteer 1-3 days a week for an average of 15-20 hours a week.

Schedules are determined by program needs, meeting selection criteria, and the volunteer availability.